

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: W. C. Lynch et al.

Attorney Docket No.: INT1P017

Application No.: 09/079,101

Examiner: Maung, Z.

Filed: 14 May 1998

Group: 2613

Title: STORAGE REDUCTION DURING
COMPRESSION6/13/02
2/25/02
OKCERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail to: Commissioner for Patents, Washington, DC 20231 on January 8, 2002.

Signed: _____

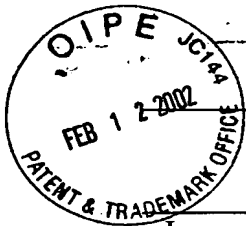
Agnes Spence

AMENDMENT ACommissioner for Patents
Washington, D.C. 20231

Dear Sir:

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FEB 22 2002
Technology Center 2600

In response to the Office Action dated 9 October 2001, please amend the above-identified patent application as follows:

2613
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Lynch et al.

Attorney Docket No.: INT1P017

Application No.: 09/079,101

Examiner: An, S.

Filed: May 14, 1998

Group: 2613

Title: STORAGE REDUCTION DURING
COMPRESSION

CERTIFICATE OF MAILING

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Signed: 

Agnes Spence

AMENDMENT TRANSMITTALCommissioner for Patents
Washington, DC 20231

RECEIVED

FEB 22 2002

Sir:

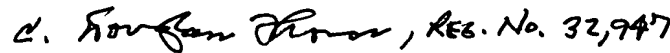
Transmitted herewith is an Amendment in the above-identified application.

Technology Center 2600

The fee has been calculated as shown below.

	Claims After Amendment		Highest Previously Paid For	Present Extra	Small Entity Rate Fee	Large Entity Rate Fee
Total Claims	24	MINUS	34	0	x 9 =	x 18 = 0
Independent Claims	8	MINUS	8	0	x 42 =	x 84 = 0
Multiple Dependent Claim Present and Fee Not Previously Paid					\$140.00	\$280.00
Total					\$	\$0

- ☐ Applicant(s) hereby petition for a _____ month extension(s) of time to respond to the aforementioned Office Action.
- ☒ Applicant(s) believe that no (additional) Extension of Time is required; however, if it is determined that such an extension is required, Applicant(s) hereby petition that such an extension be granted and authorize the Commissioner to charge the required fees for an Extension of Time under 37 CFR 1.136 to Deposit Account No. 500388.
- ☐ Enclosed is our Check No. _____ in the amount of \$_____ to cover the additional claim fee and/or extension of time fees.
- ☒ Please charge the required fees, or any additional fees required to facilitate filing the enclosed response, to Deposit Account No. 500388 (Order No. INT1P017).

Respectfully submitted,
BEYER WEAVER & THOMAS, LLP
for Jonathan O. Scott
Reg. No. 45,738P.O. Box 778
Berkeley, CA 94704-0778